

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26187

Registration District No. 254

Primary Registration District No. 115

Registrar's No. 14117

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7746 Olive St. Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Birth
years, months or days)

3. (a) PRINT FULL NAME Emma Hauser Sauerwein

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Not mentioned 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased February 7, 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 26 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Alex Schnurr
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Engler
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ben Riegert

(b) Address 7746 Olive St. Rd.

17. (a) Burial (b) Date thereof 7/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 5 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 91
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7746 Olive St. Rd. 5
(If rural, give location)
(e) Citizen of foreign country? No. 6 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3,
year 1941 hour 6:00 AM minute M.

21. I hereby certify that I attended the deceased from Jan 1941
to July 2 1941
that I last saw h. er alive on July 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration

Due to Arterio-sclerosis 10 yrs

Due to

Other conditions 17
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature Thos. M. Davis (M. D. or other) 0

Address 2422 N. Grand Date signed 7/4/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

William G. Buckholz

Licensed Embalmer No.

2160

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.